

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE	
						APPLICANT(S)		
						CLAIMS		
AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.				
1					61			
2					62			
3					63			
4					64			
5					65			
6					66			
7					67			
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31					91			
32					92			
33					93			
34					94			
35					95			
36					96			
37					97			
38					98			
39					99			
40					100			
41					TOTAL IND.			
42					TOTAL DEP.			
43					TOTAL CLAMS			
44					100			
45					TOTAL IND.			
46					TOTAL DEP.			
47					TOTAL CLAMS			
48					100			
49					TOTAL IND.			
50					TOTAL DEP.			
TOTAL IND.	8		3		TOTAL CLAMS			
TOTAL DEP.	20		17		100			
TOTAL CLAMS	28		20		TOTAL IND.			
					TOTAL DEP.			
					TOTAL CLAMS			

10-359 (3-78) MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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